



BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

Lab use only

Pathology office phone 604-877-6000 # 672071, 672069, 672061, 672053
Fax 604-877-6178

PATHOLOGY REVIEW REQUEST FORM

All fields must be completed LEGIBLY (patient demographics may be addressographed instead).

Patient Name (Last, First) _____ PHN _____

Date of Birth (dd/mmm/yy) _____ Sex M F BCCA patient Y N BCCA No. _____

Requesting Physician _____ MSC _____

Phone # _____ Fax # _____

Originating Hospital _____ Pathology specimen # _____

Copy to:- Name _____ MSC # _____ Phone # _____

Copy to:- Name _____ MSC # _____ Phone # _____

Urgent Non urgent

- Endocrine GI Gyne Head/neck Lung
- Lymphoma Neurological Prostate/GU Skin/melanoma
- Soft Tissue
- Primary unknown Other (specify) _____

Breast.....node negative Y N

Particular morphological aspects to be reviewed _____

When completed please fax this requisition to : Pathology Office 604-877-6178